

# 2013 CHILI COOK-OFF

## REGISTRATION FORM

*February 24th, 2013*

Team Name: \_\_\_\_\_

Business/Organization Name (if applicable): \_\_\_\_\_

Head Chef (One name only): \_\_\_\_\_

Team Members: \_\_\_\_\_

Head Chef Email: \_\_\_\_\_

Head Chef Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

I have read and understand the rules and regulations of Chef's Equipment Emporium's Chili Cook-off and agree to abide by such rules and regulations. We give permission to be filmed and photographed at the event for promotional use.

### **RETURN FORM TO:**

Chef's Equipment Emporium  
449 Boston Post Road, Orange CT  
(203) 799-COOK  
[www.chefsequipmentemporium.com](http://www.chefsequipmentemporium.com)